

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002189

1. Entity Name  
**TRACE ANALYTICAL, INC.**

Principal Place of Business  
**3157-A EDISON WAY  
MENLO PARK CA 94025**

Mailing Address  
**3157-A EDISON WAY  
MENLO PARK CA 94025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **77-0470487**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNSTEIN, JOEL  
11900 BISCAYNE BLVD. SUITE 604  
MIAMI FL 33181**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **FERRARIO, BRUNO**  
STREET ADDRESS **VIALE ITALIA 77/ 20020 LAINATE (MILAN)**  
CITY-ST-ZIP **ITALY**

TITLE **CEO** ☐ Delete  
NAME **OSTANDER, CLINTON**  
STREET ADDRESS **3517-A EDISON WAY**  
CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE **S** ☐ Delete  
NAME **COCCIOLI, LUCA**  
STREET ADDRESS **VIALE ITALIA 77/ 20020 LAINATE (MILAN)**  
CITY-ST-ZIP **ITALY**

TITLE **CFO** ☐ Delete  
NAME **ROLANDO, GIUSEPPE**  
STREET ADDRESS **VIALE ITALIA 77/ 20020 LAINATE (MILAN)**  
CITY-ST-ZIP **ITALY**

TITLE **C** ☐ Delete  
NAME **DELLA PORTA, MASSIMO**  
STREET ADDRESS **VIALE ITALIA 77/ 2002 LAINATE (MILAN)**  
CITY-ST-ZIP **ITALY**

TITLE **VC** ☐ Delete  
NAME **DELLA PORTA, PAOLO**  
STREET ADDRESS **VIALE ITALIA 77/ 20020 LAINATE (MILAN)**  
CITY-ST-ZIP **ITALY**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clinton Ostrander  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90437 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



Attachment  
A0070870

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 24, 2001

TRACE ANALYTICAL, INC.  
3157-A EDISON WAY  
MENLO PARK, CA 94025

Subject: TRACE ANALYTICAL, INC.

Reference Number: F00000002189

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/nm  
ANNUAL REPORTS SECTION